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Southwest Michigan Health Information Exchange

Southwest Michigan Health Information Exchange Newsletter

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Welcome to this issue of the Southwest Michigan Health Information Exchange Newsletter. We'll keep you informed on a monthly basis on information and the progress of the development of a secure online infrastructure designed to connect the region's healthcare providers. If you have any questions, comments or story suggestions, please share them with our editor, Bonnie Caprara, at bcaprara@changescapeinc.com.

CCHIT certification necessary for EHR and HIE incentives

As Certification Commission for Health Information Technology (CCHIT) certification becomes key to tapping into ARRA, health plan, liability insurance and other incentives for implementing electronic health records (EHRs), it also has other benefits.

"Our goals are to reduce the risk of investing in HIT (health information technology), facilitate the interoperability of HIT ... and to protect the privacy of health information," said Virginia Riehl, CCHIT health information exchange strategic work group leader, at the Wiring Michigan for Health Information Exchange conference in Kalamazoo on April 30.

State HIT Commission realigns HIE goals

Things have changed somewhat since the Michigan Department of Community Health set out to establish nine HIE regions throughout the state in 2006. While the economy is going through a painful transformation, there's plenty of potential government funding to put HIEs in place. Also, larger, more robust systems have become available and are successful.



"Although healthcare is local for Michigan citizens, many organizations that pay for healthcare are statewide and have a statewide perspective," said MDCH Director Janet Olszewski.

Olszewski unveiled the state's changed course of action for HIE at the Michigan Health Information Network (MiHIN)

Wiring Michigan conference held in Kalamazoo April 30 and May 1.

Pointing to recommendations made by the Michigan Health Information Technology (HIT) Commission, Olszewski said the state is now pursuing an HIE plan that would implement a centralized system that would provide an HIE backbone, a master patient index locator, a record locator service, a messaging gateway, and a security system.

Regionalized efforts would take a less dominant yet far more crucial supporting role.

Currently, CCHIT has adopted certification standards for inpatient medicine, ambulatory child health and cardiovascular medicine, emergency medicine, ambulatory and inpatient ED and enterprise programs. PHR and stand-alone e-prescribing will be added this year. Other EHR programs for specialties such as dermatology OB/GYN are in development.

Riehl also announced some of the details of CCHIT's new health information exchange (HIE) certification program will be released at its kick-off meeting in July.

The CCHIT HIE certification program will assess security, lab transactions and HIE layout. Security core criteria will include encryption, non-repudiation, audit logging, perimeter protection, system authentication, time synchronization and internal/external scanning and audit. CCHIT's open-source Laika tool will be used to test interoperability. Automated certification testing will be assessed by jurors trained by CCHIT.

"We still believe a regionalized presence is critical for success ... we need to keep service and support at a local level," Olszewski said.

The federal government to the rescue?

According to Micky Tripathi, president and CEO of the Massachusetts eHealth Collaborative (MAeHC), the federal government isn't just doling out billions in health information incentives out of the goodness of its heart.



"Sixty percent of healthcare transactions stem from the government as provider of benefits to state and federal employees and health insurer of Medicare and Medicaid recipients," Tripathi said at the Wiring Michigan for Health Information Exchange conference on May. 1. "From the \$34 billion in incentives, the federal government will get \$16 billion in benefit back."

As a result, the federal government's American Reinvestment and Recovery Act will likely change the structure of health information networks at the national, regional and local levels. Tripathi compared the current status of health IT to the phone system of 1901, when there was the Bell System, which operated two-thirds of the nation's phone service, and 2,800 other phone companies that serviced the other third of the country's phone customers.

"Our current approach funds the pieces but doesn't connect them," Tripathi said. "It's a recipe for disaster. 'Meaningful use' will have the following core elements: interoperability between e-prescribing, electronic lab and radiation results, order entry, clinical summary and document exchange."

On a larger scale, Tripathi suggested that such a process might start from the top down with a nationwide health information network and broken down to regional health information exchange centers (RHITECs) to health information exchanges, which will service electronic health records (EHR) systems.

"If we don't connect the RHITECs and the HIEs, we're going to have to define 'meaningful use' in the most shallow way," Tripathi said.

In the meantime, Tripathi suggested that the providers, HIEs

Additional certification criteria set to be added in 2010 will include additional security measures, such as intrusive and rogue access protection, disaster recovery policies and procedures, transactions of hospital availability and medical summaries.

Unlike EHR certification, Riehl said that there is no HIE vendor certification at this time.

“We feel we have a set of criteria or at least a starting point to help facilitate that kind of decision making,” Riehl said. “Our view is to do our best to make this a reasonable process from everyone’s viewpoint, whether it’s the purchaser’s or the vendor’s or the HIE’s viewpoint.”

For more information on CCHIT and certification programs, visit www.cchit.org. Riehl’s presentation on CCHIT certification at the Wiring for Health Information Exchange conference can be viewed [here](#).

and the state take on the following roles to maximize the value of HIT.

Providers:

- Get an EHR, but don’t get it alone. Become part of a collaborative, like the Michigan Medical Society, and seek financial assistance.
- If you have an EHR, make sure it’s CCHIT certified and conduct quality reporting

HIEs:

- Ask how you will help physicians and patients
- Align all state and federal funds through the same infrastructure
- Push for a public-private entity model

States:

- Focus on helping physicians and patients
- Do not treat this as procurement
- Do not keep federal dollars; encourage creation of state-designed entities and use the promise of federal and state funding to force collaboration.
- Pull all the levers of state policy and regulations to support HIT strategy.

“This is inevitable, so it’s not about demonstrating value; it’s about designing and enforcing value,” Tripathi said. “There is no substitute for creative collaboration-oriented leadership. We need to have concrete and incremental goals that show success along the way.”

Micky Tripathi’s presentation at the Wiring Michigan for Health Information Exchange can be viewed [here](#).

Please send comments or suggestions for articles to bcaprara@changescapeinc.com

Sincerely,

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